

# AHCCCS ON-LINE CLAIM SUBMISSION MANUAL

## Section 5:

### View Status (Online Claims)






AHCCCS Online - Microsoft Internet Explorer provided by AHCCCS

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Address [https://azwebtst.statemedicaid.us/ClaimSubmission/Default.asp?Provider\\_ID=436198](https://azwebtst.statemedicaid.us/ClaimSubmission/Default.asp?Provider_ID=436198) Go

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# Arizona Health Care Cost Containment System



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## Main Menu

- Eligibility and Enrollment Status
- Provider Information
- Claim Status
- Electronic Remittance Advice
- Prior Authorization Inquiry
- Newborn Notification
- Claim Submission**
- Provider Verification

## Account Information

User Name: awescobedo

User ID: 0000020

Type: Individual

IP: 170.68.241.37

AHCCCS Provider ID: 436198


User Account

## Claim Submission

### Enter New Claim


Type of Claim: Professional Go...

### View Status

Date of Submission: 08/22/2007  Go...

Input date(s) that the claims were keyed online.

Click on Go.



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### Arizona Health Care Cost Containment System Online Claim Submissions

Claim Type	Submission Date/Time	Patient Account Number	Status	Processing Date/Time	CRN	Adjudication
Dental	8/22/2007 9:36:36 AM	123456789	Processed	8/22/2007 3:01:53 PM	072344600004	NOT ADJUDICATED
Institutional	8/22/2007 9:46:17 AM	123456789	Processed	8/22/2007 3:02:15 PM	072346600001	NOT ADJUDICATED
Professional	8/22/2007 9:27:03 AM	1234	Processed	8/22/2007 3:02:23 PM	072345600001	NOT ADJUDICATED

Record Count: 3

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This screen will display all the claims that were entered online on that specific date.

The status of the claim can be found on the right hand side of this screen.

Claims in a pending status can still be edited by clicking on the Patient Account Number.

You can also print this page for your record.

**Note:**

Set your printer to print landscape if you want to print this page for your record.

Done Internet

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https://azwebstst.statemedicaid.us/ClaimSubmission/Dental-Summary.asp?ID=147 - Microsoft Internet Explorer provided by AHCCCS

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### Arizona Health Care Cost Containment System Dental Claim Submission

Recipient:	A52612622 THUNDERBULL, TRUITT	Service Provider ID:	092453-01
Billing Provider Tax ID:	860212139	Billing Provider ID:	092453
Prior Authorization Number:		Referring Provider ID:	
Place of Treatment:	72	Patient's Account Number:	123456789
Employment Accident:	N	Date of Accident:	
Auto Accident:	N	Submission Reason:	REPLACEMENT
Other Accident:	N	Original Reference Number:	072254600002
Accident State:		Service Provider NPI:	
Billing Provider NPI:		Referring Provider NPI:	

#### Service Lines

Line #	HCPCS Procedure		Modifier Code		Tooth #	Tooth Surface					Fee	Units	Emergency	Other Insurance	Medicare		
	Date	Code	1	2		1	2	3	4	5					Paid	Deductible	Coinsurance
1	04/30/2007	D1351			31						50.00	1	N	0.00	0.00	0.00	0.00
2	04/30/2007	D2150			31	a	b				199.00	1	N	0.00	0.00	0.00	0.00

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Enter New Claim

NOTE: Please use your browser to print this screen if you wish to maintain a copy. Be sure to set the print Orientation to Landscape.

Clicking on the Patient Account number on page 73 will display a summary of the claim

If the claim is in a pending status, changes/corrections can still be made to the claim

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Arizona Health Care Cost Containment System

ARIZONA @ YOUR SERVICE

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Main Menu

Eligibility and Enrollment Status
Provider Information
Claim Status
Electronic Remittance Advice
Prior Authorization Inquiry
Newborn Notification
Claim Submission
Provider Verification

Account Information

User Name: axescobedo
User ID: 0000020
Type: Individual
IP: 170.68.241.37
AHCCCS Provider ID: 436198
User Account

Claim Status Response

Claim Header

Claim Number:	072344600004	Admission Type:		Accident (Emp):	N
Claim Status:	NOT ADJUDICATED	Admission Date:		Accident (Car):	N
Status Date:	08/22/2007	Admission Hour:		Accident (Oth):	N
Medical Record #:		Admission Source:		Discharge Hour:	
Patient Acct. #:	123456789	Service Prov ID:	092453	Form Type:	Form C
Patient Status:		Rcvd. Recipient ID:	A52612622	Bill Type:	

Accounting Summary

Line #	Claim Status	Service Beg Date	Service End Date	Service Code	Billed Amount	Payment Amount
<a href="#">01</a>	PENDING	04/30/2007	04/30/2007	D1351	\$50.00	\$0.00
<a href="#">02</a>	PENDING	04/30/2007	04/30/2007	D2150	\$199.00	\$0.00
Totals:					\$249.00	\$0.00

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Click on the CRN on page 73 to view the accounting summary for that claim (located on the right hand side of the screen)

CLICK TO VERIFY

SEPT 19 2007 12:33:20

Done
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